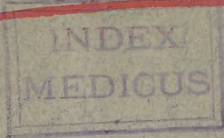


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Can Adhesion of the Intestines to the Abdominal
Wall, Following Laparotomy, Give
Rise to Obstruction?

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REPRINTED FROM

The American Gynecological Journal, Toledo, O.,

JULY, 1892.



CAN ADHESION OF THE INTESTINES TO THE ABDOMINAL WALL, FOLLOWING LAPAROTOMY, GIVE RISE TO OBSTRUCTION? ¹

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Abdominal section performed twice upon the same patient is of such comparatively frequent occurrence that I should hardly ask your attention to the history of the case which I am about to report, were it not for two features which present much of greater interest and importance than the mere operative procedures, which I need only mention.

The first point which I wish to bring out is regarding the results of celiotomy in certain cases of pelvic (ovarian) disorders, and the second—and this is, in part, in answer to a question recently asked by a Fellow of this society—the curability of nervous affections dependent on tubo-ovarian disease. The history of my case is a long one, and, not to weary you with too great detail, I shall only mention those phases which seem to be of importance in this hasty analysis of the symptoms.

Mrs. M., aet. 27, nullipara, was referred to me in the spring of 1889, by Dr. F. W. Brown. The patient was suffering from hystero-mania, which was evidently due to some ovarian disorder, since the paroxysms were most frequent and pronounced at the menstrual epoch, and the pain referable to the ovarian regions. On account of the thickness of the abdominal parietes, no definite information could be obtained from bimanual examination, but it was found that bodies the size of small Cicely oranges lay to the right and to the left of the uterus, and that these tumors were exceedingly sensitive.

The patient remained under my constant observation until October of the same year, when it was decided that, as local and general treatment had failed to afford relief, the distressing symptoms rather increasing than ameliorating, the tubes and ovaries should be removed. This was accordingly done at Harper Hospital. The patient making a good recovery.

At the operation the appendages on both sides were found to be very much enlarged, the result of chronic inflammation. Subsequent examination of the specimens, by my friend, Dr. Heneage Gibbes, of

1. Read before the Detroit Gynecological Society, May 18th, 1892.



Ann Arbor, showed that they had undergone what he calls hyaline-fibroid degeneration.

Pelvic adhesions were numerous, especially on the left side, the tube and ovary having to be literally dug from a mass of pelvic exudate. For several months following the operation the patient continued in good health and menstruated regularly.

In March, 1890, Mrs. M. returned, complaining of pain in the region of the abdominal incision, and leucorrhœa. Menstruation was very profuse, and often accompanied by nausea, vomiting and more or less general prostration. There was also severe backache, and hypogastric pain extending downward to the knees. Pain was also present in either iliac region.

The uterus was found anteflexed and surrounded by a small exudate. Electricity and local applications were faithfully tried, with little or no relief to the local symptoms.

April 1st, one month later, the patient had a chill, and for several nights suffered from quite profuse sweating. From the symptoms then present, it was feared that the exudate about the uterus had broken down and pus formed, but careful examination failed to detect any such condition. Three days later, following a hot douche, about half a cupful of material, which the patient thought was pus, was discharged from the vagina, and was followed by decided improvement.

On May 12th, seven months after the operation, the patient had a genuine attack of hystero-mania for the first time, although she is said to have been out of her head during the night on several occasions. This attack was undoubtedly brought on by undue exertion, incident to moving and settling a new house.

During the remainder of 1890, and the spring of 1891, she continued fairly well, the nervous symptoms being held in abeyance, although at times the pelvic pains caused her a good deal of suffering.

In May, 1891, she was found in the alley near her house in a semi-unconscious condition, and continued hysterical for about twenty-four hours after being put to bed. A few days of rest and sedative treatment sufficed to restore her to her usual health, and I saw little of her during the following summer.

The pelvic and abdominal pains increasing, however, the patient again consulted me in November, 1891, and I then examined her carefully under chloroform. The pelvis appeared comparatively free, but the left iliac region was occupied by a large, smooth, softish, and somewhat movable, swelling, the nature of which it was impossible to determine.

One night in December, the patient was awakened from sleep by severe abdominal pain, accompanied by vomiting, and one or two slight movements from the bowels. She had partaken freely of canned corn and beans the day before at dinner, and thought that perhaps she had

been poisoned. When I saw her early the next morning, she was in a state of partial collapse, and was still tortured by pain. The abdomen was distended and tympanitic, the pulse small and rapid.

The symptoms present were exactly those exhibited in cases of intestinal obstruction, and the decidedly fecal odor of the vomitus last ejected helped to confirm this opinion. Pain was somewhat relieved by hypodermics of morphia, and hot fomentations on the abdomen. Repeated injections of soapsuds, with turpentine, failed to produce the slightest action of the bowels, and not until nearly twenty-four hours of constant attention on the part of the nurse, and two one ounce doses of sulphate of magnesia, by the rectum, was a copious fecal evacuation finally obtained. After this the case progressed favorably.

In February of this year (1892), a few days before the patient was to have undergone a second abdominal operation, an attack of influenza confined her to the bed for about three weeks. At this time all abdominal pains were exaggerated.

March 16th, at the Detroit Sanitarium, I performed cœliotomy for the second time on this woman. The incision was made in the line of the old cicatrix. The omentum and anterior portion of the small intestines and ascending colon were found to be firmly adherent to the abdominal parietes in the region of the former operation-site. The adhesions were separated with some difficulty, and a large piece of the omentum, which appeared hypertrophied, was removed.

As the patient bore the anæsthetic poorly, the operation was quickly finished and the abdominal wound united. No tumor was found. A rapid recovery, without symptoms, was made, the patient returning home on the fifteenth day. Since the operation she has menstruated once, the flux occasioning considerable pain and prostration. Nerve symptoms were practically absent. When seen two days ago she was feeling well. Such, in brief, is the history of an unusual case.

Reviewing this, I conclude that, although pain has been more or less constantly present since the original operation, the character of the pain is so different from that formerly suffered, that the change has been a relief to the patient. In the corn and beans attack, how much did the intestino-abdominal adhesions have to do with preventing intestinal peristalsis, and the production of symptoms of obstruction? Apparently it was a clear case of cause and effect. The lesson is also taught that fecal vomiting is not always a sign of occlusion of the bowel.

Three years having now elapsed with but one or two slight outbreaks, I claim that the symptoms of hystero-mania have been practically cured in this patient, by the removal of the diseased appendages.

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